Safety Information 003/11

Safe Storage of Accountable Medicines

29 November 2011

Distributed to:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform

- Directors of Clinical Operations
- Directors of Pharmacy
- Directors of Nursing and Midwifery

Expert Reference Group

Content reviewed by

- Medication Safety Expert Advisory Committee.
- Clinical Excellence Commission
- NSW Therapeutic Advisory Group

Clinical Safety Quality and Governance Branch

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Background

The range of accountable medication available on hospital formularies continues to increase and inappropriate storage may contribute to accountable drug medication incidents. Hospitals should review their current accountable drug storage facilities and practices to minimise the chances of selection error. The review applies to drug safes in inpatient ward areas, operating suites and emergency departments, and includes safes where opioid substitution therapies are stocked.

Steps to Minimise Risk

- Review section 6.1 of PD 2007_077 for requirements for accountable drug storage
  - S8 drugs must be stored apart from all other drugs or goods (other than S4D drugs)
  - S4D drugs must be stored apart from all other drugs (except Schedule 8 drugs)
  - drugs to be stored in a separate sturdy cupboard, preferably a metal safe, securely attached to a part of the ward and kept securely locked when not in immediate use
  - the lock should be a five lever lock (or one which provides at least equivalent security).

- Regularly **review range and quantity** of medications
  - Annual review of usage and frequency of ordering using pharmacy information system reports
  - Consider minimising range of strengths and quantity of each drug routinely stocked
  - Consider establishing an agreed list of routinely stocked medication and quantities and adding this list to pharmacy inventory computer systems

- Check IIMS reports to **identify opioid incidents or near misses** including those that may have resulted from selection error. Identify high risk drug items stocked that may require further consideration including
  - High potency drugs such as HYDROmorphone
  - Unusual strengths or routes of administration
  - Multiple strengths
  - Look alike sound alike presentations eg “contins”
  - Similar corporate packaging
  - Bulky items
  - Oral liquids as it may be difficult to perform balance checks for these drugs

- Consider **controls based on risk assessment** eg
  - Identify items which should not be routinely stocked in ward safes, supplied for individual patients and returned to pharmacy when no longer in use
  - Separate shelf locations for items prone to mixup, such as oxycodone , HYDROmorphone and morphine preparations
  - Redesign accountable drug safes – eg increase size, separate s4D and s8 safes, separate storage for large volume injectables
  - Label drug storage areas
  - Separate drug registers for items prone to mixup
  - Match the order of drugs in drug registers to shelf order in the safes
  - Separate drug storage areas for opioid substitution therapies

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Safe Storage of Accountable Medicines (cont)

- **Review workflow**
  - Single practitioners should not be accessing a hospital safe alone at any time
  - Ensure two person checks can be performed with both people sighting original medication order at the time as selection and preparation of prescribed dose (two person check includes witnessed administration of dose and discarding of unused portion)
  - Ensure oral /enteral dispensers are in use for oral liquids
  - Check for clutter, review signage
  - Add workbench underneath drug safes to reduce breakage
  - Eliminate the location of waste bins from under drug safes to reduce losses

- **Labelling of shelves and products**
  - Shelf labelling may be added including suggested order quantities
  - Warning labels may be used for high risk preparations, applied to shelf labels and / or to individual products
  - Use of Tall Man lettering for labelling

Principles for Redesign – New Facilities and Renovations

- Medication storage areas to be considered in the development or redevelopment of clinical areas for medication safety as well as routine storage/access requirements
  - Review number of patients, patient case mix and therefore medication requirements which may inform different storage requirements
  - Increase size of drug safes routinely supplied –depending on the anticipated volume of medication to be stored.
  - If to be used for accountable drugs, consider the footprint of automated drug cabinets and ensure they are secured as required under legislation Ensure adequate bench space surrounding in a low traffic area.
  - Ensure safes are accessible without undue bending or reaching.
  - Ensure larger metal safes have floor reinforcement / supports.

References

1. Institute for Safe Medication Practices (ISMP) Guidance on the Interdisciplinary Safe Use of Automated Dispensing Cabinets 2011
2. ACSQHC National Tallman Lettering List 2011
3. NSW Health PD 2007_077 Medication Handling in NSW Public Hospitals

Recommended actions by Local Health Districts / Networks

1. Ensure this safety Information is distributed to all relevant staff to ensure they are aware of the recommended steps to minimise risks.